## 263-049317 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND \_Primary Registration District No.1003 Registrar's No. 12267 STATE FILE NUMBER Registration District No. DO NOT WRITE ON THIS STUB AMENDED FILED DEC 2 0 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Mo. b. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c, CITY Length of stay in 1b Inside Limits St. Louis TOWN ST LOUIS MO c. FULL NAME OF (If NOT in hospital, give location) TÖWN Yes | No | (If cutside, give location) Inside Limits d. STREET Reside on Farm ш ADDRESS 1900 a Dodier St. HOSPITAL OR INSTITUTION Yea □ No □ Yes 🔲 No 🔲 ST. LOUIS CITY HOSP. 3. NAME OF DECEASED Middle 4. DATE Month Day (Type or print) OF DEATH CANNON GEORGE 9. AGE (last birthday) | IF UNDER 1 YEAR 7. Married XX Never Married 8. DATE OF BIRTH 5. SEX COLOR OR RACE 0 Dave Widowed □ Divorced | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Window Washing SWO. Atena Window Cb. Wheeling W.Va. 14. NAME OF HUSBAND OR WIFE 13a FATHER'S NAME FOLL Cannon Elizabeth Kraft Joseph Anna J. Cannon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes, give war or dates of servi Mrs. Anna Cannon1900Dodier St. W.W.T. ARE 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH Braxeto Avenzonia. 10 RECORD IMMEDIATE CAUSE (a) 11 EAD Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART 1 (a) there a pregnancy in last 90 days TRANIC PU MONACO ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AMENDME 19. WAS AUTOPSY PERFORMED? YES DE NO 20c. TIME OF Month, Day, Year RIBBON INJURY a.m. p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED Back, farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK OR TYPEWRITER READ and last saw her alive on 12/9/63 21. I attended the deceased from 11/16/63 Death occurred at 8:15 PM \_m on the date stated above, and to the best of my knowledge, from the causes stated. Donald K. SHOULD 22c. DATE SIGNED 22b. ADDRESS ö 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) AFFIDAVIT 23a. BURIAL, CREMATION,

Robert D. Kinealy 2228 St.LouisAve. NEC 11

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Removal (Specify)

(Licensed Embalmer's Statement on Reverse Side)

National Cemet. Jeff. Bks.

25. DATE RECD. BY LOCAL REG.

St.Louis Co.

## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	7 1 1
udent	Signed Southern Jan Jan,
Signature of Student Embalmer	
	Licensed Embalmer No. 450 0
	P. O. Address Virkung 22 /
	P. O. Address vertawood

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.